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ABSTRACT

The purpose of this study was to follow up two previous studies on the vocational rehabilitation needs of American Indians with disabilities and the effectiveness of projects authorized by the Rehabilitation Act of 1973, Title 1, Part D, Section 130 to meet those needs. A self-evaluative questionnaire was developed and mailed to the project directors of 14 American Indian Vocational Rehabilitation Projects, with 8 projects responding from Alaska, Arizona, Colorado, Montana, New Mexico, and Washington. The questionnaire gathered data on number of clients served, the screening process used to determine eligibility, rehabilitation status, percentage of severely and multiply disabled clients, inclusion of American Indians with disabilities in policy development and implementation, referral sources, types of disabilities, commonly needed and utilized services, and types of service providers. Results indicate that projects have been progressively building upon and improving their services to American Indians with disabilities. Ten recommendations are offered. Appendices provide survey forms from all three phases of the study. (Contains 12 references.) (JDD)

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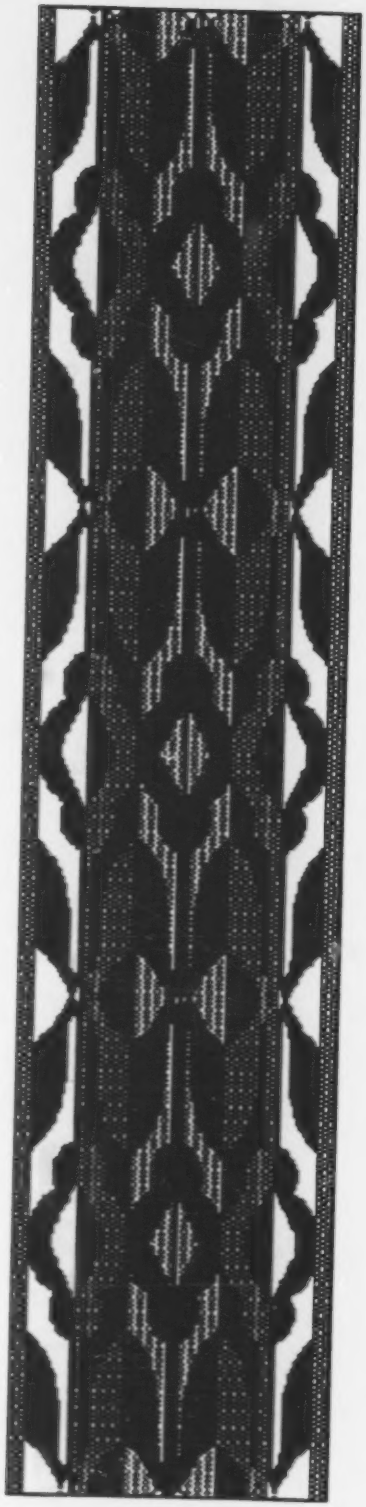

Third-Year Follow-up of the Tribally Operated Section 130 Vocational Rehabilitation Projects

1992

Georgia L. Lonetree, M. S.

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Final Report

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Abstract

The purpose of this study was to follow-up the two previous studies conducted with the American Indian Vocational Rehabilitation Projects (Section 130), which were: *The Service, Resource, and Training Needs of American Indian Vocational Rehabilitation Projects* (Lonetree, 1989) and the *Follow-up on the Effectiveness of Tribally Operated Vocational Rehabilitation Projects* (Lonetree, 1991). Results show that the Section 130 projects have been progressively building upon and improving their services to American Indians with disabilities.

This third year follow-up process involved gathering data through the development of a comprehensive self-evaluative survey form. Questions previously addressed in the first two surveys were included along with questions which were uniquely developed for the Section 130 projects. The questions were formulated to parallel some of the standards of the Commission on Accreditation of Rehabilitation Facilities (CARF) and criteria set in the Federal Register requirements for Section 130 grant proposals.

Third-Year Follow-up of the Tribally-Operated
Section 130 Vocational Rehabilitation Projects

Introduction

In 1978 the Rehabilitation Act of 1973 became P. L. 95-602. The amendment authorized special project grants to governing bodies of Indian tribes on federal and/or state reservations for the development and implementation of culturally relevant vocational rehabilitation services (Title 1, Part D, Section 130). The Section 130 projects are initiated by American Indian tribal governing bodies or consortia of governing bodies to provide vocational rehabilitation services for American Indians with disabilities residing on federal and state reservations. Applications from tribal governing bodies must be developed in consultation with designated state units responsible for administering vocational rehabilitation programs. Rehabilitation services provided under these grants must be, to the maximum extent feasible, comparable to rehabilitation services provided under the state vocational rehabilitation service program.

The 1978 amendments lacked clarity in the fiscal allocations aspect. Funds were not appropriated to carry out Section 130 until 1981. From 1981 to 1984, all of the funds allocated under Section 130 were awarded to the Navajo Vocational Rehabilitation Program. The 1986 reauthorization language which provided for fiscal allocation in an amount ". . . not less than 1/4 of one percent and not more than one percent . . ." of the amount of the total state allocations (Guy, 1988).

The 1986 reauthorization of the Rehabilitation Act authorized the continued funding of vocational rehabilitation service grants to the "governing bodies of Indian tribes located on federal and state reservations (and consortia of such governing bodies to pay 90% of the costs of vocational rehabilitation services to handicapped American Indians residing on such reservation" (Section 130(a)). This section also authorized the use of culturally unique services by inserting, "where appropriate vocational rehabilitation services may include services traditionally used by Indian tribes" (Section 130 (b)). Where appropriate, an allowable cost for the Section 130 projects may include services traditionally used by Indian tribes such as native healing practitioners who are recognized by the tribal vocational rehabilitation program when the services are necessary to assist an individual with disabilities.

Traditional ceremonies reinforce personal adherence to cultural values and remind participants of the importance of strengthening and revitalizing family and community networks. Indigenous healing practices facilitate purification and prayer (LaFromboise, Trimble, & Mohatt, 1990). For years past practice among American Indians was to seek traditional healing services without legal protection. In 1978, the American Indian Religious Freedom Act (P. L. 95-134) affirmed that traditional religious ceremonies could be practiced with the same protection offered all religions under the Constitution (Mohatt, 1978).

Federal Indian reservations and trust lands are generally located in remote, isolated, and rural areas which limit access to state rehabilitation services for American Indians with disabilities. Obtaining data focusing on current activities of the Section 130

projects provides an overview of areas to focus on to improve rehabilitation service delivery for the population of American Indians with disabilities.

The purpose of this study was to follow-up the two previous studies involving the American Indian Vocational Rehabilitation Projects (Section 130) which assessed the training and technical assistance needs and progress. The first two studies, *The Service, Resource, and Training Needs of American Indian Vocational Rehabilitation Projects* (Lonetree, 1989) and the *Follow-up on the Effectiveness of Tribally Operated Vocational Rehabilitation Projects* (Lonetree, 1991) were reviewed to develop a third comprehensive, self evaluative questionnaire. It was anticipated that the number of tribes served, client caseloads, types of disabilities served, referral sources, and the types of services rendered would fluctuate as the projects developed and grew through continued funding and the acquisition of training and technical assistance.

The first survey identified resources, training, and technical assistance needs of all the personnel employed by each of the Section 130 projects serving American Indians and Alaska Natives (see Appendix B). Results indicated that each of the projects offer varied services to address needs unique to the demographic characteristics of their tribes and geographic locations. The population totals served by projects vary because of tribal population, reservation size, and state boundaries. Service jurisdiction areas were reported by projects according to acreage and square miles. Tribal affiliations of clients also varied among all projects. Other information gathered in the initial survey included total numbers of clients served, employment

opportunities, reported referral sources, types of disabilities of clients served, types of services rendered, and training and technical assistance needs. The response rate for the initial survey conducted in 1988 was 100%. The total response of project staff members included administration and support staff (N = 64).

The second survey was conducted to show the progress of the projects in addressing identified training and technical assistance needs reported in the 1988 survey (see Appendix C). The results of both of the first and second surveys have been utilized in planning project training activities by Section 130 project directors. Some project directors have used the survey results to participate in regional planning meetings. Results have also been used to plan for and coordinate training provided by the American Indian Rehabilitation Research and Training Center. The results of the second survey were reported comparatively with the 1988 data in table format. Top ranked needs of both project directors and project staff were analyzed separately, in combined responses, and according to federal regions.

Methodology

The survey instrument for the Third Year Follow-Up was developed by selecting and including questionnaire items from the initial and follow-up surveys. Other items were developed to simulate the standards format of the Commission on Accreditation of Rehabilitation Facilities (CARF) and the criteria set in the Federal Register requirements for Section 130 grant proposals which are unique to the American Indian Vocational Rehabilitation Projects (see Appendix A).

To effectively evaluate one's own facility, one must have a basis of comparison to other facilities. Collecting and interpreting information about rehabilitation facilities and their client populations should help shed some light on questions about how different programs and services within rehabilitation relate to each other and the overall goals and outcomes (Czerlinski & Gilbertson, 1985).

The survey was drafted and submitted to the survey committee for review and recommendations prior to the actual mailing of the forms. The committee members included: Mr. Elmer Guy, Executive Director, Navajo Vocational Rehabilitation Program; Dr. Marilyn J. Johnson, Director, American Indian Rehabilitation Research and Training Center; Dr. William E. Martin, Research Director, American Indian Rehabilitation Research and Training Center; and Mr. Larry Powers, District III Program Manager, Arizona Rehabilitation Services Administration.

While the self-evaluative survey was being reviewed by the survey committee, letters assuring anonymity were mailed along with postcards to each of the 14 Section 130 project directors so they could indicate whether they would participate or not participate in the third survey. Some of the data to be gathered in the third survey included questions regarding funding cycles of grant monies. In some cases, projects were not funded continuously. Eleven projects (78%) responded that they were willing to participate. Three on-going projects did not respond.

After receipt of comments and recommended revisions to the survey draft, the final draft was sent to the committee for final approval and consensus. The instrument was then mailed to each of

the Section 130 project directors for completion. The initial intent was to conduct telephone interviews to gather data from the completed survey forms. During the time frame between project director survey receipt to the date for scheduling telephone interviews, changes from the Federal level occurred on grant proposal submission dates. Considering the constraints on projects to submit grant proposals earlier than anticipated, the telephone interviews were cancelled, and project directors were asked to return the survey forms by mail after they submitted their proposals.

Response data was entered in the Macintosh SE StatView Graphics program for statistical analysis. Each variable was analyzed using frequency distributions based upon total responses of directors.

Results

Fifty-seven percent (n = 8) of the fourteen on-going Section 130 project directors responded to the third survey. This group has been involved in the ongoing surveys of the Section 130 projects since the first survey was conducted in 1988. The response rate of this group was 100% for the initial survey, 68% for the second survey, and 57% for this survey. Five federal regions (IV, VI, VIII, IX, and X) have on-going American Indian Vocational Rehabilitation Projects. Eight states with Section 130 projects surveyed include: Alaska (n = 2), Arizona (n = 2), Colorado (n = 1), Idaho (n = 1), Mississippi (n = 1), Montana (n = 4), New Mexico (n = 1), and Washington (n = 3). The eight respondents for this survey were from three federal regions (VIII, IX, and X) (See Table 1). Tables indicating project responses are not indicative of how each project responded. Results reported as P1 to P8 are randomly assigned numbers.

Table 1

Section 130 Projects

Project Title	Region	Location	Principal Tribes Served
Rocky Boy Vocational Rehabilitation	VIII	Box Elder, MT	Chippewa/Cree
Vocational Rehabilitation Services Project	VIII	Pablo, MT	Salish/Kootenai
Tribal Consortium/Ute, Southern Ute and Mountain Ute Tribes	VIII	Ignacio, CO	Ute/Southern Ute/Mountain Ute
Navajo Vocational Rehabilitation Program	IX	Window Rock, AZ Kayenta, AZ Shiprock, NM	Navajo
Yavapai-Prescott Vocational Rehabilitation Services Program	IX	Prescott, AZ	Yavapai/Prescott
Colville Confederated Tribes Vocational Rehabilitation	X	Nespelem, WA	Colville Confederated
Bristol Bay Native Association Vocational Rehabilitation Project	X	Dillingham, AK	Eskimo
Vocational Rehabilitation Project for Alaska Native Adults	X	Kodiak, AK	Koniag

One of the questions posed to the projects in the self-evaluative questionnaire was related directly to the criteria set for applicants seeking funds. Eligible applicants must be governing bodies of Indian tribes and consortia of those governing bodies located on federal and state reservations (Federal Register, 1991). Each one of the responding projects identified a tribe or consortium of tribes that they represented. Seven of the responding Section 130 projects represent a consortium of two or more tribes.

The projects were asked to identify what agency or tribal department administered their program since the criteria requires

application from tribal governing bodies. Five (62.5%) of the eight directors answered the question. The responses included: tribal college (n = 2), tribal education office (n = 1), tribe (n = 1), U. S. Office of Education (n = 1), and no response (n = 3).

Questions to update demographics of project directors included sex and ethnicity. Three (38%) were female and five (62%) were male respondents. Four respondents (50%) were American Indian. Three (38%) were Caucasians. One respondent (12%) was Hispanic. All of the respondents work full time with the exception of two project directors and their part-time staff.

When asked how many years the projects have been in existence, the Navajo Vocational Rehabilitation Program (NVRP) reported 15 years. NVRP was the first American Indian Vocational Rehabilitation program funded under Rehabilitation Services Administration (RSA) from 1981 to 1984. Rocky Boy was initially funded in 1985 which totals seven years of existence. Salish/Kootenai, Colville, Bristol Bay, and Southern Ute projects reported four years of existence. Kodiak and Yavapai projects reported three years of existence. The following table shows the funding history of the American Indian Vocational Rehabilitation programs beginning with 1987 when several new projects were funded (see Table 2).

Table 2

Funding History of Section 130 Projects

FY 1986-7	FY 1987-8	FY 1988-9	FY 1989-90	FY 1990-1	FY 1991-2
Navajo	Navajo	Navajo	Navajo	Navajo	Navajo
Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree	Chippewa Cree
				Yakima	Yakima
Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock	Shoshone-Bannock
	Confederated Salish Kootenai	Confederated Salish Kootenai	Confederated Salish Kootenai	Confederated Salish Kootenai	Confederated Salish Kootenai
	Southern Ute	Southern Ute	Southern Ute	Southern Ute	Southern Ute
	Colville	Colville	Colville	Colville	Colville
	Mississippi Choctaw	Mississippi Choctaw		Mississippi Choctaw	Mississippi Choctaw
	Pueblo Zuni	Pueblo Zuni	Pueblo Zuni	Pueblo Zuni	Pueblo Zuni
	Bristol Bay	Bristol Bay	Bristol Bay	Bristol Bay	Bristol Bay
	Ft. Belknap	Ft. Belknap	Ft. Belknap		
	Fort Peck				Fort Peck
	Lower Brule				
		Kodiak	Kodiak	Kodiak	Kodiak
		Yavapai	Yavapai	Yavapai	Yavapai
		W. C. D.	W. C. D.		
		Northern Arapahoe	Northern Arapahoe		
		Northern Cheyenne		Northern Cheyenne	Northern Cheyenne
			Northwest Intertribal	Northwest Intertribal	Northwest Intertribal

All of the American Indian vocational rehabilitation Section 130 projects compete annually for RSA funding on either a continuation basis or as new applicants. Since 1985, a total of 19 Section 130 projects have been funded by RSA to provide rehabilitation services to American Indians with disabilities. The Navajo, Chippewa Cree, and Yakima nations were initially funded in 1985. Yakima nation had problems implementing their program, so funding was returned. Since 1986, the Navajo, Chippewa Cree, and Shoshone Bannock nations have been continuously funded. In 1987-88, a total of 12 projects were funded. For the two funding cycles from 1988 to 1990,

the total number of projects funded increased by two. For fiscal year 1991-92, one more project was added to make the number of projects funded total 15. Throughout the funding history, many projects that experienced periods without federal funding found resources to continue operating while reapplying for federal funds. Since 1988, seven projects have not had continuous funding. In three cases, perseverance paid off, and these projects eventually were reinstated with Section 130 funding.

At the time of the third survey, the current grant period began in October of 1990 for four of the projects. The funding cycle for one project began in October of 1988, two began in October of 1989, and the remaining project was beginning a new cycle in October of 1991. Five of the responding project's funding cycles ended on September 1991, and the other three grant periods will end in September of 1992. Five of the projects reported that they were on a twelve-month funding cycle. Three reported that they were on a 36-month cycle which requires application for continuation each year. The eight projects that responded have been funded continuously (see Table 3).

Table 3

Funding Cycles of Responding Projects

	P1	P2	P3	P4	P5	P6	P7	P8
1991 Continuation		X	X	X	X			
1992 Continuation	X					X	X	X
12-Month Cycle	X		X		X		X	
36-Month Cycle		X		X		X		X

A special condition that applies to the Section 130 programs requires a hiring preference for American Indians with a special priority being given to American Indians with handicaps. Five (62.5%) of the responding projects reported having staff members who are American Indians with disabilities (see Table 4).

Table 4

Non-Discriminatory Employment Practice by Projects

	P1	P2	P3	P4	P5	P6	P7	P8
Persons with Disabilities	0	2	0	2	5	4	0	2
Women	2	4	1	4	3	4	3	1
Minorities	1	5	2	20	5	4	3	5

Each of the projects reportedly have a systematic process for determining eligibility. The projects are required to have an order of selection of individuals to be served. All decisions affecting eligibility for and the nature and scope of services to be provided must be made by the tribal vocational rehabilitation program through its vocational rehabilitation unit and should not be delegated to another agency or individual. Each program indicated what areas their eligibility process included to the following criteria: (a) review of application for eligibility (n = 7), (b) review of referral information (n = 7), (c) interview with individual (n = 7), (d) interview with individual's family (n = 4), and (e) interviews with the referral source (n = 7). In four cases, not all five criteria were followed. In these cases, either two or three elements were not included (see Table 5).

Table 5

Screening Process used by Projects

	P1	P2	P3	P4	P5	P6	P7	P8
a) review application for eligibility		X	X	X	X	X	X	X
b) review of referral information	X		X	X	X	X	X	X
c) interview with individual	X	X	X	X	X	X		X
d) interview individual's family	X		X	X	X			
e) interview with referral source	X	X	X	X	X	X		X

When individuals are not eligible for services, projects were asked to explain how the individual was informed. Each of the projects listed usual procedures. Individuals were informed by phone, in person, and by follow-up letter. Three projects stated that they made referrals to appropriate programs and agencies when individuals were not eligible for services.

An Individualized Written Rehabilitation Plan (IWRP) must be developed jointly with each client with disabilities and by a representative of the service-providing organization. When necessary, the involvement of a person representing the interest of the client will

help in the development of the IWRP. Each of the projects address these concerns as required.

Each of the projects was asked to provide data as to how many male and female clients received rehabilitation services in 1989 and 1990. Two projects reported that their data was not broken down according to sex. For accuracy in reporting responses, the total numbers are given in this report rather than numbers of male and female clients served. The total number of clients served by fourteen Section 130 projects in the initial survey was 341 in 1987 and 643 in 1988. In 1989, the total number of clients served by eight projects was 582. In 1990, the total number served by eight responding projects was 747. Even though the total number of projects responding to the survey decreased by six, the total number of clients served has increased every year.

Case reporting codes are integral to the rehabilitation process. Status codes are uniformly used throughout the nation to document the movement of clients through the successive stages of the rehabilitation process from application to closure. The rehabilitation process has 16 client status codes. The Section 130 directors provided data for statuses 26 and 28 in the initial survey conducted in 1988. In the third survey conducted in 1991, information was gathered to include Status 30 data.

Status 26 represents closed, rehabilitated. This status is the end result of the successful rehabilitation process. To be closed as successfully rehabilitated, the client must have been declared eligible for rehabilitation services, must have received appropriate diagnostic and related services, must have had an Individualized Written

Rehabilitation Program, must have completed the program of services, and finally must have been determined to be suitably employed for a minimum of 60 days, and has agreed to have their case closed.

Status 28 indicates that the client's case is closed for other reasons after the Individualized Written Rehabilitation Program was initiated. Cases closed in this status have met the eligibility criteria for services and have been provided at least one of the services of the rehabilitation program but the client has not become successfully employed.

Status 30 represents cases closed for other reasons before the Individualized Written Rehabilitation Program was initiated. Such clients have been accepted for rehabilitation services but have not progressed to the point where any services were actually implemented under the Individualized Written Rehabilitation Program (Bitter, 1979, p. 38-39).

In response to the 1990 survey, updated data was provided to show the progress of the projects in successful closures and unsuccessful closures. The following table shows increased number of closures of the Section 130 project over the years of existence (see Table 6).

Table 6
Client Closures by Status

	1987	1988	1989	1990
Status 26	60	83	142	139
Status 28	63	103	135	93
Status 30			35	9

Each responding project reported that an order of selection of individuals with disabilities has been determined if services cannot be provided to all eligible American Indians living on the reservation. Funding criteria mandates priority must be given to the most severely disabled. Two projects reported that two percent of their clients were severely disabled. One reported that three percent of their client caseload was severely disabled. The remaining five reported percentages of 19 to 70 percent of their client caseloads as being severely disabled (see Table 7).

Table 7

Percentage of Severely and Multiple-Disabled Client in 1989 & 1990

Project	% Severely Disabled 1989	% Severely Disabled 1990	% Multiple Disabled 1989	% Multiple Disabled 1990
P1	3	0	10	0
P2	35	10	46	23
P3	2	2	90	60
P4	50	50	30	40
P5	2	2	95	95
P6	0	70	0	0
P7	100	100	100	100
P8	19	24	19	24

Federal funds were authorized by the 1978 Amendments to the Rehabilitation Act not only for state agency services, but, also, for the establishment and operation of Independent Living Centers (Wright, 1980). When the question was posed as to whether independent

living services were available on project reservations, seven of the eight respondents reported "no." One project reported the distance to the nearest independent living program as 365 miles by air. Another project reported a distance of 300 miles. The remaining projects reported distances ranging from 25, 30, 65, and 110 miles. Independent living centers provide a wide range of programs and services to promote independence, productivity, and quality of life.

A special requirement and recommendation of project advisory committee membership is to include persons with disabilities or their representatives. Six (75%) of the eight projects reported that this requirement was met. Two responded negatively.

When asked if American Indians with disabilities participate in the policy development and implementation affecting vocational rehabilitation service delivery on the reservation, each of the eight projects responded that this indeed did happen. The second part of the question asked for examples. Five of the respondents stated: (a) input came from members of their advisory committee who were persons with disabilities, (b) surveys are mailed to each of their clients and recommended changes are made accordingly, (c) policy development is based upon identified client needs and legislative change, and (d) projects have staff members with disabilities who provide input.

In Part 371 of the application criteria, special reference is made to working cooperatively with designated state units. Seven projects responded that such a relationship existed. One project responded with "no." As a follow up to the cooperative effort question, four types of responses were provided: (a) coordinate efforts, (b) cooperative

relationship, (c) cooperative agreement, and (d) other. Five projects have cooperative agreements. One relies on state VR for assistance. One has a cooperative relationship and receives staff development training. And one coordinates efforts with the state unit.

Another area of concern was accessibility. Six (75%) of the eight projects stated that their offices were architecturally accessible. The two remaining respondents make special accommodations when necessary to serve individuals with mobility problems.

A point of reference was made regarding a program evaluation system that produces a management report to include project purpose, goals and objectives, and accomplishments. Six projects (75%) do have an operating program evaluation system.

In some instances, projects operate out of more than one office (n = 4). One has two offices, two have three offices, and one has six offices. The main reason for addressing this aspect of the projects was to emphasize the range of geographic and isolated conditions of some projects. In the initial survey projects reported ranges of service jurisdiction areas in terms of 1,400 to 1,423,968 acres and 90 to 427 square miles.

Referral Sources

Referral information was requested to follow up and determine how the projects have been progressing with referral contacts and community resources (See Table 8). The data results for 1987 totalled 574 referrals for the fourteen responding projects and 846 referrals for 1988. The total number of referrals for the two years was 1,420. The difference was an increase of 272 referrals in one year. The results of the data provided for this survey shows 768 referrals in

1989 and 694 referrals in 1990. The grand total for the next two years was 1,462. Even though the difference between the 1987 and 1988 totals and the 1989 and 1990 totals is 42, consideration should be given to the fact that the number of project respondents is eight projects compared to 14 project respondents for the initial survey.

Table 8
Client referral sources in 1989 and 1990

	Number of clients in 1989	Number of clients in 1990	Number of total referrals
State VR Agency	15	4	19
Private/Local Hospital	109	12	121
Medical Doctor	27	27	54
Indian Health Services	55	67	122
Community Health Representative	20	19	39
Workmen's Compensation	4	4	8
Job Services	0	0	0
State Employment Office	0	1	1
JTPA	11	1	12
Social Security Administration	110	150	260
Veteran's Administration	3	6	9
Public School	112	127	239
Vocational Technical School	1	4	5
College/University	15	11	26
Tribal Official	7	6	13
Bureau of Indian Affairs	6	21	27
Social Service Agency	68	109	177
Self Referral	47	43	90
Relative	43	29	72
Other	115	53	168
Total (N = 8 projects)	768	694	1,462

Types of Disabilities

In the initial survey, data was gathered regarding the types of disabilities of clients served. Fourteen examples of disabilities were listed with the opportunity to specify "other" disabling conditions served. The total number of individuals with disabilities served during 1987 and 1988 was 1,035. The top five totals reported were: (a) alcoholism (n = 272), (b) "other disabilities (n = 187), (c) orthopedic-musculoskeletal (n = 113), (d) mentally retarded (n = 96), and (e) learning disabled (n = 84).

On the third survey, the list of disabilities was expanded to include twenty-four types of disabilities with space designated as "other." Another addition to the data gathered included whether the disabilities identified were primary or secondary disabilities. Six projects provided total numbers of primary disabilities and total numbers of secondary disabilities. Two responding projects reported that they did not keep track of this data. In some instances, totals had tied numbers. The top five primary disabilities reported in 1989 were: (a) alcoholism, (b) specific learning disability, (c) other and mental illness (tied), (d) deafness/hearing impaired, and (e) blindness/visually impaired and mental retardation (tied). The top five primary disabilities reported in 1990 were: (a) alcoholism, (b) specific learning disability, (c) other, (d) blindness/visually impaired and mental illness (tied), and (e) arthritis and musculo-skeletal (tied).

Examples of the types of disabilities listed under other by the respondents were: skin disease, burn, brain injury, polio, and public offenders. One project director responded that the information regarding types of disabilities was not broken down as specifically

requested on the survey form but data was broken down according to what the state uses (see Table 9).

Table 9
Types of disabilities of clients served

	Primary Disability in 1989 PD	Secondary Disability in 1989 SD	Total Number in 1989	Primary Disability in 1990 PD	Secondary Disability in 1990 SD	Total Number in 1990
Alcoholism	63	26	89	63	34	97
Amputation	1	1	2	1	0	1
Arthritis	7	5	12	15	7	22
Blind/Visually Impaired	18	0	18	24	3	27
Cancer	0	0	0	1	0	1
Cerebral Palsy	0	0	0	0	0	0
Cystic Fibrosis	1	0	1	0	0	0
Deafness/Hearing Impaired	20	2	22	12	3	15
Diabetes	11	4	15	11	5	16
Heart Disease	9	3	12	11	4	15
Hemiplegia	4	1	5	4	0	4
Hemophilia	0	0	0	0	0	0
Respiratory/ Pulmonary	3	1	4	6	3	9
Mental Retardation	18	0	18	16	0	16
Mental Illness	24	5	29	19	8	27
Multiple Sclerosis	0	0	0	0	0	0
Muscular Dystrophy	0	0	0	0	0	0
Musculo-Skeletal	14	2	16	18	4	22
Neurological (stroke, epilepsy)	6	1	7	6	0	6
Paraplegia	12	0	12	15	0	15
Quadriplegia	9	0	9	9	0	9
Specific Learning Disability	22	11	33	31	7	38
End-State Renal Disease	5	0	5	4	0	4
Other	20	9	29	22	7	29

In September of 1990, a request for public comment was issued on the provisions of the Rehabilitation Act of 1973. The proposed

priority for the vocational rehabilitation service program for American Indians with handicaps stated:

> Priority will be given to projects that develop a component of their overall vocational rehabilitation services program to establish appropriate linkages with alcohol treatment centers and counseling services for American Indians will alcohol dependency. Projects must include strategies that create or augment a vocational rehabilitation component that assists American Indians with alcohol dependency to obtain competitive employment. The project must develop and implement appropriate strategies that will increase cooperation with support resources and treatment centers such as those provided through the Indian Health Service, the Bureau of Indian Affairs, other government detoxification centers, and other acute care facilities utilized in the rehabilitation process. The project must also include strategies that support improvements in the professional skills of vocational rehabilitation staff, including counselors, to enhance the overall services available to alcohol-dependent American Indians. The project must also coordinate activities among respective State agencies, Rehabilitation Continuing Education Programs, Rehabilitation Research and Training Centers, and other established rehabilitation resources that enhance the provision of vocational rehabilitation services and increase opportunities for gainful employment (Federal Register, 1990, p. 8 - 9).

On March 7, 1991, the final funding priorities for the Vocational Rehabilitation Service Program for American Indians with disabilities had the aforementioned included as stated.

In reviewing the data gathered regarding types of disabilities served, alcoholism had the highest totals reported for both the initial (n = 272) and third surveys (n = 186). Funding priorities emphasize provision of services addressing alcohol treatment.

Commonly Needed and Utilized Services

Several components of basic rehabilitation services were listed on the survey instrument used in the initial survey to get an overall view of what types of services were being provided to clients. Twenty-four different types of rehabilitative services were included in the initial survey to ascertain the scope of training and technical assistance needs of the American Indian Vocational Rehabilitation Project staff (Lonetree, 1989). To be consistent, the same rehabilitative services list was used for the follow-up survey instrument (Lonetree, 1991).

The data gathered to ascertain commonly needed and utilized services were compared to the results of the initial survey. In the initial survey, fifteen types of services were listed to determine what types of services were provided by all of the projects. Twenty-seven commonly needed and utilized services were listed on the third survey. Twelve more services were added from the 35 services listed in the CARF Self-Study Questionnaire (1986).

The project respondents were asked to insert the appropriate key letter or key letters to show who provided what type of services. Upon receipt of responses, the key letter and key letters of responses

were computed for analysis. The combinations of responses identified eight common categories which were: (a) S = Staff, (b) C = Consultant, (c) A = Another Agency, (d) N = No identified need for caseload, (e) O = No current arrangements but sometimes needed, (f) SA = Staff and Another Agency, (g) SC = Staff and Consultant, and (h) CA = Consultant and Another Agency (See Table 10).

In Table 10 each service is listed and the number of responses are indicated in each of the eight categories. When looking at vocational evaluation, one can see that one project provides the service, three utilize the services of a consultant, two have another agency address the need, one has staff and another agency address the need and one has staff and a consultant address the need. The following table shows what services were provided under each category.

Table 10
Commonly Needed and Utilized Services

	S	C	A	N	O	SA	SC	CA
Vocational Evaluation	1	3	2	0	0	1	1	0
Psychological Testing	0	3	4	0	0	0	1	0
Vocational Counseling	4	0	0	0	0	3	1	0
Personal Counseling	3	0	0	0	0	5	0	0
Work Adjustment Training	3	0	1	0	1	3	0	0
Independent Living	0	0	4	0	2	2	0	0
Daily Living Skills	1	0	4	1	1	1	0	0
Job Placement	5	0	0	0	0	3	0	0
Sheltered Employment	1	0	4	1	2	0	0	0
Supported Employment	2	0	5	0	1	0	0	0
Extended Evaluation	2	1	1	0	0	4	0	0
Native Healing	0	1	1	3	1	0	2	0
Occupational Therapy	0	2	4	1	0	0	1	0
Physical Therapy	0	1	6	1	0	0	0	0
On-the-Job Training	3	0	1	0	0	4	0	0
Job Seeking Skills	5	0	0	0	0	3	0	0
Assistive Technology/Devices	0	0	5	1	1	1	0	0
Advocacy	2	0	2	0	0	4	0	0
Alcohol and Drug Abuse Treatment	0	0	5	0	0	2	0	1
Audiology	0	1	6	0	0	0	0	1
Dental Services	0	0	8	0	0	0	0	0
Dietary/Nutrition	0	0	8	0	0	0	0	0
Interpretation Services for the Deaf	0	1	2	2	2	1	0	0
Manual Communication Instruction	1	1	1	3	2	0	0	0
Residential	1	0	4	1	1	1	0	0
Speech-language Pathology	0	1	5	0	1	0	0	1
Transportation	2	0	1	0	0	5	0	0

S = Provided by Staff
C = Provided by Consultant
A = Provided by Another Agency
N = No identified need for caseload
O = No current arrangements but sometimes needed

Services Provided by Staff (S)

As one example from Table 7, five out of the eight project respondents (63%) indicated that job placement and job seeking skills are provided by the staff.

Vocational counseling services are provided by staff at four of the eight projects (50%). Three out the eight responding projects provide personal counseling, work adjustment training and on-the-job training. Two out of eight projects provide supported employment, extended evaluation, advocacy, and transportation services. One project out of eight provides vocational evaluation, one provides daily living skill training, one provides manual communication instruction and one makes provision for residential services. The remaining 12 listed services are not addressed by staff.

Services Provided by Consultants (C)

Ten types of services are provided by consultants. A consultant is used by three projects (38%) to address vocational evaluation and psychological testing. A consultant is utilized by two projects to address occupational therapy. The other seven services having one project response each are: extended evaluation, native healing, physical therapy, audiology, interpretation services for the deaf, manual communication instruction, and speech-language pathology.

Services Provided by Another Agency (A)

Eight projects (100%) indicated that both dental services and dietary/nutrition needs were provided by another agency. Six projects (75%) indicated that both physical therapy and audiology were provided by another agency. Supported employment, assistive

technology/devices, alcohol/drug abuse treatment, and speech/language pathology had responses of five projects (63%) utilizing services of another agency to address these four service needs. Psychological testing, independent living, daily living skills, sheltered employment, occupational therapy, and residential needs had totals of four projects (50%) each that utilize another agency to address these services. Two projects purchase the services of another agency to conduct vocational evaluations. Two projects have another agency address advocacy, and two projects have another agency provide interpretation services for the deaf. The remaining six services each had one project indicating that another agency addresses the need. These include: work adjustment training, extended evaluation, native healing, on-the-job training, manual communication instruction, and transportation.

No Identified Need For Caseload (N)

Native healing and manual communication instruction both had totals of three responding projects (38%) showing no identified need for these services. Two projects out of eight (25%) have no identified need for interpretation services for the deaf. Daily living skills, sheltered employment, occupational therapy, physical therapy, assistive technology/devices, and residential each had one project response indicating no identified need for their caseload.

No Current Arrangements But Sometimes Needed (O)

Independent living, sheltered employment, interpretation services for the deaf, and manual communication instruction each had two (25%) responses indicating no current arrangements for these particular services but sometimes needed. Eight other commonly

needed services had one response each (12.5%). The eight services were: work adjustment training, independent living, supported employment, native healing, assistive technology/devices, job seeking skills, residential, and speech/language pathology.

Provided by Staff and Another Agency (SA)

Five projects (62.5%) indicated personal counseling transportation as being provided by staff and another agency. Fifty percent (n = 4) have staff and another agency provide extended evaluation, on-the-job training, and assistive technology/devices. Vocational counseling, work adjustment training, job placement, and job seeking skills each had three project (37.5%) responses. Two services with two responses of staff and another agency were independent living and alcohol and drug abuse treatment. Daily living skills, assistive technology/devices, residential, and speech-language pathology each had one (12.5%) project response.

Provided by Staff and Consultant (SC)

Two projects (25%) indicated that native healing was provided by staff and a consultant. Vocational evaluation, psychological testing, vocational testing and occupational therapy each had one response (12.5%) indicating that these services are addressed by staff and a consultant.

Provided by Consultant and Another Agency (CA)

Alcohol and drug abuse treatment, audiology, and speech-language pathology were the only three services in the combined categories of being addressed by a consultant and another agency. These three commonly needed services had one response (12.5%) each.

Discussion and Recommendations

The purpose of the initial survey was to identify what training and technical assistance needs existed among the projects because many of the staff people implementing the projects are new to the field of vocational rehabilitation. The follow-up survey was conducted to note the progress of the projects in addressing their previously stated training and technical assistance needs. The third phase was developed to combine and compare current information with previously gathered information. The survey instruments utilized in each instance were developed not only for data collection but also to provide the projects with all kinds of examples of what rehabilitation is all about. The rehabilitation process has so many aspects. These studies have been conducted to provide a framework to serve as a guide for those keenly interested in pursuing work in this area.

Recommendations:

1. Criteria set for the Section 130 projects requires application from tribal governing bodies. In the response to this concern on the survey form, three projects did not identify their tribal governing body. The other five projects that responded did identify their tribal governing body. When proposals are reviewed for application and continuation, peer reviewers should be cognizant of this criteria.
2. The funding formula should be increased to at least one percent of total state allocations. The total number of projects has increased over the years, but the funding formula has remained the same.
3. The project directors of the Section 130 projects have formed a Director's Association despite the fact that they all apply to the

same funding source on a competitive basis. Having conducted three surveys since 1988, it is recommended that the projects make an effort to develop uniform data collection standards for recordkeeping purposes. The information gathered could be included in project proposal narratives when applying for funding and continuation.

4. Part of the criteria set for the projects recommends services comparable to state rehabilitation services. It is recommended that the projects break down their data to show how many clients are female and male with reporting codes done uniformly.
5. Projects need to develop working relationships with state agencies to help place clients in Independent Living centers. Many projects are located in isolated areas which limits access to independent living services or facilities. If a client cannot be placed in an IL center, projects may wish to consider purchasing materials developed to help clients learn independent living skills.
6. Two projects responded that persons with disabilities or their representatives were not included on their project advisory committees. Since this is a special requirement, it is recommended that all projects make an effort to meet this criteria.
7. Criteria have also been set to work cooperatively with designated state units. One project responded with a "No." If criteria have been set to include such a recommendation, projects need to adhere to them.

8. When data was analyzed regarding types of disabilities served, two projects reported that they did not keep track of this data. This type of response reflects inadequate data collection. This type of data is very valuable information to maintain for reference when applying or reapplying for funding, because this data substantiates need.

9. Both the initial and third survey asked for total number of clients and what data of types of disabilities were served. Both of the results indicated a high incidence of alcoholism. This information is valuable since the new priority for the last grant application specifically addressed the need to provide services in this area.

10. Project directors and staff need to review the grant proposal criteria carefully to assure that all areas are addressed. Some of the responses received to the surveys indicate that certain areas are not being addressed. Hopefully, the projects that are not addressing certain criteria will make efforts to remedy their deficiencies in meeting the priorities and criteria set in the federal register.

References

Bitter, J. A. (1979). *Introduction to rehabilitation.* St. Louis: The C. V. Mosby Company.

Czerlinski, T., & Gilbertson, A. (1985). *A national study of CARF accredited vocational rehabilitation facilities: their structures and characteristics.* Stout Vocational Rehabilitation Institute. University of Wisconsin-Stout. Menomonie: WI.

Commission on Accreditation of Rehabilitation Facilities. (1986). Self-study questionnaire for organizations serving people with disabilities. Tucson, AZ: CARF.

Federal Register. (1991). 56(45). pp. 8-9.

Guy, E. J. (1988). Navajos' commitment benefits individuals with disabilities. *Journal of Applied Rehabilitation Counseling,* 19(4), 26-28.

LaFromboise, T. D., Trimble, J. E., & Mohatt, G. V. (1990). Counseling intervention and American Indian tradition: an integrative approach. *The Counseling Psychologist, 18*(4), pp. 628-654.

Lonetree, G. L. (1989). *Service, resource and training needs of American Indian vocational rehabilitation projects.* Flagstaff, AZ: Northern Arizona University, Institute for Human Development, American Indian Rehabilitation Research and Training Center. (Available from the American Indian Rehabilitation Research and Training Center, Institute for Human Development, Northern Arizona University, P. O. Box 5630, Flagstaff, AZ 86011-5630).

Lonetree, G. L. (1991). *Follow-up on the effectiveness of tribally operated vocational rehabilitation projects.* Flagstaff, AZ:

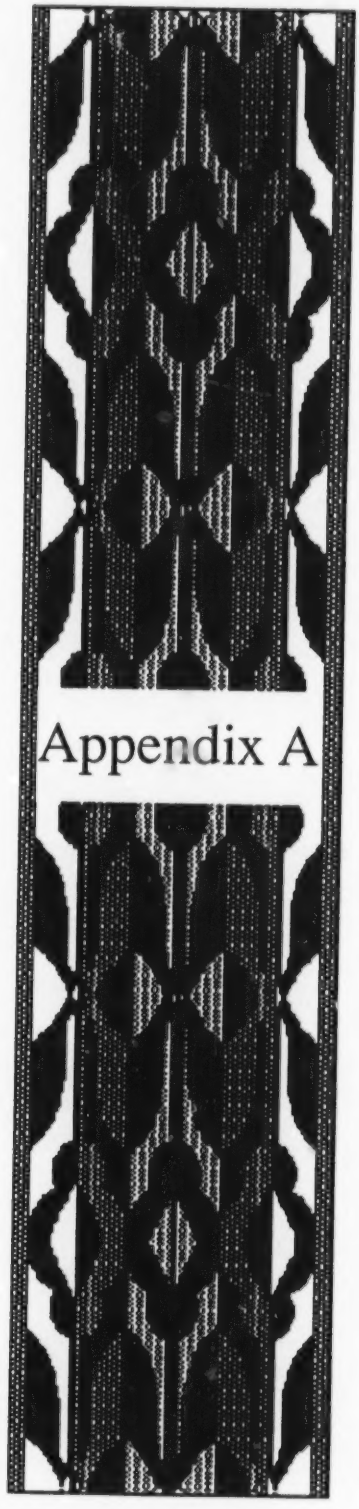
Northern Arizona University, Institute for Human Development, American Indian Rehabilitation Research and Training Center. (Available from the American Indian Rehabilitation Research and Training Center, Institute for Human Development, Northern Arizona University, P. O. Box 5630, Flagstaff, AZ 86011-5630).

Mohatt, G. V. (1978, Spring). Rosebud medicine men and associates. *Wassaja.*

Rehabilitation Acts Amendments, Section 130, Public Law 95-602 (1978).

Rehabilitation Acts Amendments, Section 130, Public Law 99-506 (1986).

Wright, G. N. (1980). *Total rehabilitation.* New York: Boston.


Appendix A

Staff Survey

Project Staff Profile

1. Project title: _____

2. Location: _____

3. Please respond to the following items with appropriate check mark or short answer responses.

   _____ Male _____ Female

4. Race or ethnic group

   _____ American Indian
   _____ Alaska Native
   _____ Asian or Pacific Islander
   _____ Black
   _____ Caucasian
   _____ Hispanic
   _____ Other (specify) _____

5. Highest level of education completed:

		Degree/Major
_____	High School	
_____	Associate Degree	_____
_____	Bachelors	_____
_____	Masters	_____
_____	Doctorate	_____

6. Describe nature of your work experience and number of years in the field of vocational rehabilitation _____

   _____

   If work experience is not in vocational rehabilitation, briefly describe your past work experience.

   _____

   _____

7. What is your position title?

	Full-time	Part-time
_____	_____	_____

8. Please indicate what services your project offers with a check mark.

a.	Vocational/work evaluation	_____
b.	Psychological testing	_____
c.	Vocational counseling	_____
d.	Personal counseling	_____
e.	Work adjustment training	_____
f.	Independent living (budgeting, etc.)	_____
g.	Activities of daily living (grooming, etc.)	_____
h.	Job placement	_____
i.	Sheltered employment	_____
j.	Extended evaluation	_____
k.	Native healing	_____
l.	Medical services (OT, PT)	_____
m.	Other (specify) _____	_____

9. Please respond to each item listed by prioritizing what you feel would meet your programmatic needs (on a scale of 1 to 5) in either TRAINING (to raise level of competence and broaden expertise) or TECHNICAL ASSISTANCE (on-site help by utilizing the best possible resource).

1= essential
2= very important
3= important
4= less important
5= not important

		Training	Technical Assistance
a.	Vocational evaluation	_____	_____
b.	Work adjustment	_____	_____
c.	Independent living skills (budgeting, etc.)	_____	_____
d.	Activities of daily living (grooming, etc.)	_____	_____
e.	Sheltered employment	_____	_____
f.	Rehabilitation terminology	_____	_____
g.	Medical terminology	_____	_____
h.	Establishing resource contacts	_____	_____
i.	Job analysis	_____	_____
j.	Job development	_____	_____
k.	Job placement	_____	_____
l.	Rehabilitation process	_____	_____
m.	Foundations of vocational rehabilitation	_____	_____
n.	Functional limitations of disabilities	_____	_____
o.	Medical aspects of disabilities	_____	_____
p.	Vocational rehabilitation legislation	_____	_____
q.	Program evaluation plan	_____	_____
r.	IWRP Development	_____	_____
s.	Interpreting technical reports	_____	_____
t.	Confidentiality	_____	_____
u.	Report writing	_____	_____
v.	Grantsmanship	_____	_____
w.	Sign Language	_____	_____
x.	Program development	_____	_____
y.	Other (specify) _____	_____	_____

Project Profile

1. Project title: _____

2. Location: _____

3. Please respond to the following items with appropriate check mark or short answer responses.

_____ Male _____ Female

4. Race or ethnic group

_____ American Indian
_____ Alaska Native
_____ Asian or Pacific Islander
_____ Black
_____ Caucasian
_____ Hispanic
_____ Other (specify) _____

5. Highest level of education completed:

	Degree/Major
_____ High School	
_____ Associate Degree	_____
_____ Bachelors	_____
_____ Masters	_____
_____ Doctorate	_____

6. Describe nature of your work experience and number of years in the field of vocational rehabilitation: _____
_____

If work experience is not in vocational rehabilitation, briefly describe your past work experience.

_____
_____

7. Please list the job titles of your project staff.

Title	Full-time	Part-time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What is the population of your service jurisdiction? _____

9. What is the size of the area that you serve in acres or square miles?
_____acres _____square miles

10. What is the major tribal affiliation of the American Indian clients that you serve?
_____ _____% _____No.

11. What other tribes have you served?

Tribal Affiliation:	Percentage	Number
_____	_____%	_____
_____	_____%	_____

12. What percentage of your American Indian clients live on the reservation and what percentage live off the reservation while being served?

_____% on reservation _____% off reservation

13. What type of employment opportunities or industries are available on or near your reservation?

On the reservation	Near the reservation
_____	_____
_____	_____
_____	_____
_____	_____

14. Client caseload of your program:

How many were served in 1987? _____
How many have been served in 1988? _____

15. Of the clients in your caseload, how many are willing to relocate for training and/or employment?

% willing _____ % not willing _____

16. How many clients have been referred to your program by the following sources:

		No. of Clients in 1987	No. of Clients in 1988
a.	State Voc. Rehab. Agency	_____	_____
b.	Private Hospitals	_____	_____
c.	Physicians	_____	_____
d.	Indian Health Services Hospitals or Clinics	_____	_____
e.	Community Health Representatives	_____	_____
f.	Workmen's Compensation Commission	_____	_____
g.	Job Services	_____	_____
h.	State Employment Services	_____	_____
i.	JTPA Projects (Joint Training Partnership Act)	_____	_____
j.	Social Security Administration	_____	_____
k.	Veteran's Administration	_____	_____
l.	Public School	_____	_____
m.	Vocational Technical Schools	_____	_____
n.	Colleges and Universities	_____	_____
o.	Tribal Organization	_____	_____
p.	Bureau of Indian Affairs	_____	_____
q.	Social Welfare	_____	_____
r.	Self Referral	_____	_____
s.	Other _____	_____	_____
	Totals	_____	_____

17. How many clients were determined *closed rehabilitated* in 1987? _____ In 1988?_____

a. How many were determined *closed not rehabilitated* in 1987? _____ In 1988?_____

18. Please specify the reason(s) for unsuccessful closure.

_____

_____

_____

_____

19. Types of disabilities served:

		No of Clients
a.	Spinal cord injury	_____
b.	Arthritis	_____
c.	Amputations	_____
d.	Blindness, partial blindness	_____
e.	Deaf, hearing impaired	_____
f.	Emotionally disturbed	_____
g.	Mental illness, psychiatric disorders	_____
h.	Mentally retarded	_____
i.	Orthopedic, musculo-skeletal (muscular dystrophy, multiple sclerosis)	_____
j.	Cerebral palsy	_____
k.	Epileptic	_____
l.	Learning disabilities	_____
m.	Alcoholic	_____
n.	Drug addiction	_____
o.	Other (specify) _____	_____

20. Please identify the number of clients who have received each of the following services.

		No. of Clients
a.	Vocational/work evaluation	_____
b.	Psychological testing	_____
c.	Vocational counseling	_____
d.	Personal counseling	_____
e.	Work adjustment training	_____
f.	Independent living (budgeting, etc.)	_____
g.	Activities of daily living (grooming, etc.)	_____
h.	Job placement	_____
i.	Sheltered employment	_____
j.	Extended Evaluation	_____
k.	Native Healing	_____
l.	Medical services (OT, PT)	_____
m.	Other (specify) _____	_____

21. Please respond to each item listed by prioritizing what you feel would meet you and your staff's programmatic needs (on a scale of 1 to 5) in either TRAINING (to raise level of competence and broaden expertise) or TECHNICAL ASSISTANCE (on-site help by utilizing best possible resource).

1= essential
2= very important
3= important
4= less important
5= not important

		Training	Technical Assistance
a.	Vocational evaluation	_____	_____
b.	Work adjustment	_____	_____
c.	Independent living skills (budgeting, etc.)	_____	_____
d.	Activities of daily living (grooming, etc.)	_____	_____
e.	Sheltered employment	_____	_____
f.	Rehabilitation terminology	_____	_____
g.	Medical terminology	_____	_____
h.	Establishing resource contacts	_____	_____
i.	Job analysis	_____	_____
j.	Job development	_____	_____
k.	Job Placement	_____	_____
l.	Rehabilitation process	_____	_____
m.	Foundations of vocational rehabilitation	_____	_____
n.	Functional limitations of disabilities	_____	_____
o.	Medical aspects of disabilities	_____	_____
p.	Vocational rehabilitation legislation	_____	_____
q.	Program evaluation plan	_____	_____
r.	IWRP Development	_____	_____
s.	Interpreting Technical Reports	_____	_____
t.	Confidentiality	_____	_____
u.	Report writing	_____	_____
v.	Grantsmanship	_____	_____
w.	Sign Language	_____	_____
x.	Program Development	_____	_____
y.	Other (specify) _____	_____	_____

22. Do you purchase services for your clients? (for example: vocational evaluation, etc.)

Yes _____ No _____

23. What type of services do you purchase from other providers?

_____
_____
_____
_____

Appendix B

46

SURVEY OF TRAINING NEEDS

1. Project Title: _____

2. Project Location: _____

3. How far is your project site located from state rehabilitation services?
   _____
   _____

Circle appropriate answer:

4. Position Title: _____ Full/Part-time Male/Female

5. Please respond to the following by numerically indicating what TRAINING and TECHNICAL ASSISTANCE needs still exist and/or have been addressed.

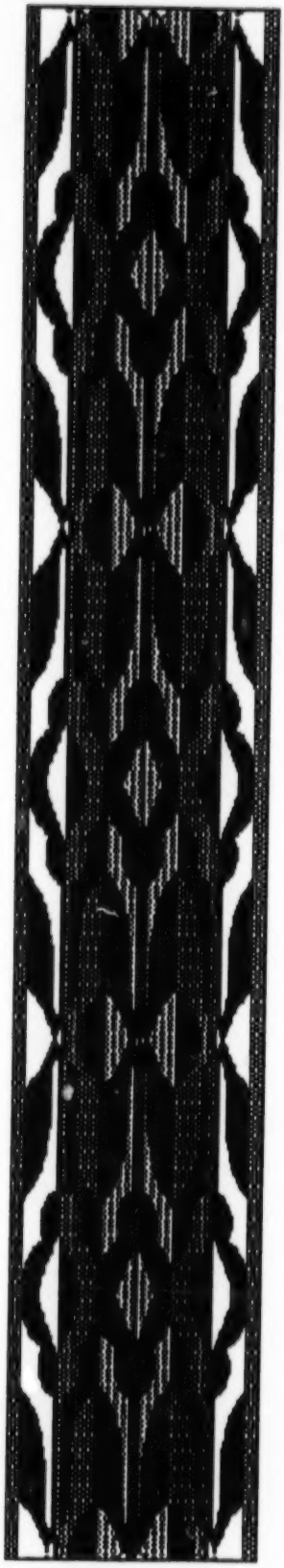
   (1) Already Addressed (2) Scheduled (3) Needed (4) Not Needed

	Training	Technical Assistance
a. Vocational Evaluation	_____	_____
b. Work Adjustment	_____	_____
c. Independent Living Skills	_____	_____
d. Activities of Daily Living	_____	_____
e. Sheltered Employment	_____	_____
f. Rehabilitation Terminology	_____	_____
g. Medical Terminology	_____	_____
h. Establishing Resource Contacts	_____	_____
i. Job Analysis	_____	_____
j. Job Development	_____	_____
k. Job Placement	_____	_____
l. Rehabilitation Process	_____	_____
m. Foundations of VR	_____	_____
n. Functional Limitations of Disabilities	_____	_____
o. Medical Aspects of Disabilities	_____	_____
p. Vocational Rehabilitation Legislation	_____	_____
q. Program Evaluation Plan	_____	_____
r. IWRP Development	_____	_____

	Training	Technical Assistance
s. Interpreting Technical Reports	_____	_____
t. Confidentiality	_____	_____
u. Reportwriting	_____	_____
v. Grantsmanship	_____	_____
w. Sign Language	_____	_____
x. Program Development	_____	_____
y. Caseload Management	_____	_____
z. Other (specify) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you.

Appendix C



Follow-Up of the Effectiveness of Tribally Operated Vocational Rehabilitation Projects (Section 130)

PHASE III SURVEY

Georgia L. Lonetree, M.S.

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Research and Training Center

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This project is supported in part through a grant from the National Institute on Disability and Rehabilitation Research, Office of Special Education and Rehabilitative Services, U.S. Departrment of Education.

Phase III Survey

1. Project Title _____

2. Location _____

3. What tribe or consortium of tribes does your project represent? _____

4. Under what agency or tribal department is your project administered? _____

5. Position Title _____ ☐ Male ☐ Female

6. Race or Ethnic Group

   ☐ American Indian [tribal affiliation(s)] _____
   ☐ Alaska Native
   ☐ Asian or Pacific Islander
   ☐ Black
   ☐ Caucasian
   ☐ Hispanic
   ☐ Other [specify]

7. List of job titles of project staff

Position Title	Full Time	Part Time
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐
_____	☐	☐

[If more space is needed, attach additional sheet)

8. How long has your project been in existence? _____

9. When was your project first funded by RSA Section 130 funds? _____

10. When did your grant period begin? _____

11. When does your grant period end? _____

12. When will you submit your next grant application? _____

13. Under what funding cycle is your project presently operating?

13a. ❒ 12 months
13b. ❒ 24 months
13c. ❒ 36 months
13d. ❒ Not presently funded by RSA

14. If not presently funded by RSA, under what source of funding is your project presently continuing?

_____
_____
_____

15. Was your project ever defunded? ❒ Yes ❒ No

15a. If yes, when? _____

16. If your project experienced defunding, have you reapplied and received funding again?
❒ Yes ❒ No

16a. If yes, what year(s)? _____

16b. If yes, under what source of funding did your project continue?_____

17. In an effort to address non-discriminatory employment practices, how many of your project staff members represent:

[#]

17a. _____ Persons with disabilities?
17b. _____ Elderly?
17c. _____ Women?
17d. _____ Racial or ethnic minority group?

18. Does your project have a systematic process for screening referrals? ❒ Yes ❒ No

18a. If yes, which of the following are included in this process? Check those that apply.

❒ review of application for eligibility
❒ review of referral information
❒ interview with the individual
❒ interview with the individual's family
❒ interviews with the referral source

19. When individuals are not eligible for services, how are they informed of this fact? Please explain.

_____
_____
_____
_____
_____

21. Is a comprehensive individualized program plan developed for each person served?
❒ Yes ❒ No

Does each plan identify the following:

- ❒ the individual's rehabilitation problem(s) or presenting needs?
- ❒ the goals of the person served?
- ❒ the treatments or services to be provided?
- ❒ the time intervals for progress review?
- ❒ the amount of time anticipated for the accomplishment of goals?
- ❒ the measures to be used to assess progress and goal attainment?
- ❒ the persons (staff, family, etc.) who will be responsible for implementing the various services treatments?

22. Is each client involved in the goal setting and the planning of his/her program?
❒ Yes ❒ No

23. If a client's condition prohibits or limits participation in the program planning process, is a person who could represent the interests of the individual invited to participate?
❒ Yes ❒ No

24. How many clients were served by your project during 1989? _____ 1990? _____

25. What is the total population of the tribe(s) that you serve?

Tribe	Population Total
_____	_____
_____	_____
_____	_____
_____	_____

[If more space is needed, attach additional sheet]

26. What are the tribal affiliations and total numbers of clients from each tribe that you serve?

Tribe	Total Clients
_____	_____
_____	_____
_____	_____
_____	_____

27. How many clients were determined closed successfully rehabilitated (Status 26)?
1989 _____ 1990 _____

28. How many clients were determined as unsuccessful closure (after services were provided) (Status 28)? 1989_____ 1990 _____

29. How many clients were determined unsuccessful closure (before services were provided) (Status 30)? 1989 _____ 1990 _____

30. Has an order of selection of individuals with disabilities to be served been determined if service cannot be provided to all eligible American Indians? ❒ Yes ❒ No

31. In the delivery of vocational rehabilitation services, is priority given to those American Indians most severely disabled? ❒ Yes ❒ No

32. What percentage of your total caseload was severely disabled?
1989 _____ 1990 _____

33. What percentage of your clients have multiple disabilities?
1989 _____ 1990 _____

34. Are independent living services available on your reservation? ❒ Yes ❒ No

34a. If no, how far is the nearest independent living center?_____

34b. If yes, what agency operates the independent living center?

_____

35. Has your project established an advisory committee membership to include person(s) with disabilities or their representative? ❒ Yes ❒ No

36. Do American Indians with disabilities participate in the policy development and implementation affecting vocational rehabilitation service delivery on the reservation? ❒ Yes ❒ No

37. Was a designated State VR unit consulted in the development of your project application by your governing tribe(s)? ❒ Yes ❒ No

38. In what capacity does your project work with State VR agecies?

38a. ❒ Coordinate efforts

38b. ❒ Cooperative relationship

38c. ❒ Cooperative agreement

39. Is you facility architecturally accessible (i.e., ramps, wheelchair, etc.)? ❒ Yes ❒ No

39a. If no, are special accommodations made to serve individuals with mobility problems (i.e., ramps, designated parking, bathroom, etc.)? ❒ Yes ❒ No

40. Does your project have an operating program evaluation system to produce a management report to include: purpose, goals/objectives, accomplishments, etc.? ❒ Yes ❒ No

41. Does your project operate at more than one location? ❒ Yes ❒ No

41a. If yes, how many lcoations? _____ Where are the other locations located?

_____

42. How many clients have been referred to your program by the following community resources?

	No. of clients in 1989	No. of clients in 1990
a. State VR Agency		
b. Private/Local Hospital		
c. Medical Doctor		
d. Indian Health Services		
e. Community Health Representative		
f. Workmen's Compensation		
g. Job Services		
h. State employment Office		
i. JTPA		
j. Social Security Administration		
k. Veteran's Administration		
l. Public School		
m. Vocational Technical School		
n. College/Univesity		
o. Tribal Official		
p. Bureau of Indian Affairs		
q. Social Service Agency		
r. Self Referral		
s. Relative		
t. Other *[specify]* _____		

43. Types of disabilities served. Please indicate the total numbers served in each category under each year and put the total numbers served under "PD" for Primary Disability or under "SD" for Secondary Disability.

	Total No. in 1989	PD	SD	Total No. in 1990	PD	SD
a. Alcoholism						
b. Amputation						
c. Arthritis						
d. Blindness/Visually Impaired						
e. Cancer						
f. Cerebral Palsy						
g. Cystic Fibrosis						
h. Deafness/Hearing Impaired						
i. Diabetes						
j. Heart Disease						
k. Hemiplegia						
l. Hemophilia						
m. Respiratory/Pulmonary						
n. Mental Retardation						
o. Mental Illness						
p. Multiple Sclerosis						
q. Muscular Dystrophy						
r. Musculo-Skeletal						
s. Neurological (stroke, epilepsy)						
t. Paraplegia						
u. Quadriplegia						
v. Specific Learning Disability						
w. End-State Renal Disease						
x. Other _____						

44. In the following list of commonly needed and utilized services, insert the appropriate key letter or key letters.

S	=	Provided by Staff
C	=	Provided by Consultant
A	=	Provided by Another Agency
N	=	No identified need for caseload
O	=	No current arrangements but sometimes needed

_____ Vocational Evaluation
_____ Psychological Testing
_____ Vocational Counseling
_____ Personal Counseling
_____ Work Adjustment Training
_____ Independent Living
_____ Daily Living Skills
_____ Job Placement
_____ Sheltered Employment
_____ Supported employment
_____ Extended Evaluation
_____ Native Healing
_____ Occupational Therapy
_____ Physical Therapy
_____ On-the-Job Training
_____ Job Seeking Skills
_____ Assistive Technology/Devices
_____ Advocacy
_____ Alcohol and Drug Abuse Treatment
_____ Audiology
_____ Dental Services
_____ Dietary/Nutrition
_____ Interpretation services for the deaf
_____ Manual communication instruction
_____ Residential
_____ Speech-language pathology
_____ Transportation
_____ Other *[specify]* _____

Project Profile

1. Project title: _____

2. Location: _____ _____

3. Please respond to the following items with appropriate check mark or short answer responses.

   _____ Male _____ Female

4. Race or ethnic group

   _____ American Indian
   _____ Alaska Native
   _____ Asian or Pacific Islander
   _____ Black
   _____ Caucasian
   _____ Hispanic
   _____ Other (specify) _____

5. Highest level of education completed:

		Degree/Major
_____	High School	
_____	Associate Degree	_____
_____	Bachelors	_____
_____	Masters	_____
_____	Doctorate	_____

6. Describe nature of your work experience and number of years in the field of vocational rehabilitation: _____
   _____

   If work experience is not in vocational rehabilitation, briefly describe your past work experience.
   _____
   _____

7. Please list the job titles of your project staff.

Title	Full-time	Part-time
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. What is the population of your service jurisdiction? _____

9. What is the size of the area that you serve in acres or square miles?
_____acres _____square miles

10. What is the major tribal affiliation of the American Indian clients that you serve?
_____ _____% _____No.

11. What other tribes have you served?

Tribal Affiliation:	Percentage	Number
_____	_____%	_____
_____	_____%	_____

12. What percentage of your American Indian clients live on the reservation and what percentage live off the reservation while being served?

_____% on reservation _____% off reservation

13. What type of employment opportunities or industries are available on or near your reservation?

On the reservation	Near the reservation
_____	_____
_____	_____
_____	_____
_____	_____

14. Client caseload of your program:

How many were served in 1987? _____
How many have been served in 1988? _____

15. Of the clients in your caseload, how many are willing to relocate for training and/or employment?

% willing _____ % not willing _____